

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000007420

1. Entity Name
DIAMOND ACES, INC.



Principal Place of Business
**1420 TEMPLEMORE DR.
CANTONMENT, FL 32533**

Mailing Address
**1420 TEMPLEMORE DR.
CANTONMENT, FL 32533**



04022004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3618681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SNYDER, DAVID R
1420 TEMPLEMORE DR.
CANTONMENT, FL 32533**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reactivating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000003519

04/05/04-80059-011 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SNYDER, DAVID R
1420 TEMPLEMORE DR
CANTONMENT, FL 32533**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
SNYDER, SUSAN D
1420 TEMPLEMORE DR
CANTONMENT, FL 32533**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
SNYDER, SHAY D
1420 TEMPLEMORE DR.
CANTONMENT, FL 32533**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Snyder **Susan Snyder** 4-2-04 850-918-1185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #